

NEW JERSEY DEPARTMENT OF INSURANCE  
POLICY FORM CERTIFICATION LETTER

I \_\_\_\_\_, hereby certify that:  
**(Name)**

a) I am the \_\_\_\_\_, an officer of  
**(Title)**

\_\_\_\_\_, and am authorized to  
**(Insurance Carrier)**  
execute this certified statement.

b) That the policy form and rating system issued to  
\_\_\_\_\_ have been  
**(Purchasing Group)**

filed with the New Jersey Department of Insurance, if required by law, and are  
otherwise in compliance with NJSA 17:29AA and NJAC 11:13-1.

c) I am aware that the New Jersey Department of  
Insurance will rely on this certification in connection with the registration of the  
above mentioned Purchasing Group.

\_\_\_\_\_  
**(Signature)**

\_\_\_\_\_  
**(Date)**